10300095819

(Requestor's Name)	_		
(Address)	_		
(Address)	_		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2008 HAR 18 AM 11: 3

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DiBello Insura	nce Agency, Inc. (Name of Corporation)
	P0300095819
DOCUMENT NUMBER:_	1 000000000
The enclosed Officer/Directo	r Resignation for a Corporation and fee are submitted for filing
Please return all corresponder	nce concerning this matter to the following:
Thomas DiBello	
(Name	of Person)
DiBello Insurance Agency	, Inc.
. (Name of F	irm/Company)
3471 N. Federal Hwy., Su	uite 601
(Ac	dress)
Ft. Lauderdale, Florida 33	3306
(City/State	and Zip Code)
For further information conce	erning this matter, please call:
Thomas DiBello	at (954) 563-8970 (Area Code & Daytime Telephone Number)
(Name of Pers	on) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.0	00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Branwen R. Spragg	, hereby resign as	(Title)
of DiBello Insurance Agency, Inc.	Corporation)	,
P03000095819 (Document Number, if known)	a corporation organized ur	nder the laws of the State of
Florida		
S CN	nature of resigning officer/direc	2008 HAR 18 SECRETAR TALLAHASS
		MII: 36

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314